

This form may be completed online, printed and mailed to the address listed below.

**APPLICATION FOR COURSE APPROVAL – PAID DINING ASSISTANT**

Name of Entity or Person Conducting Course:			
Address:	Street/PO/Route:		
	City:	State:	Zip:
Telephone Number:			
RN Administering the Course:	Name:		
	License Number:		

A. For applicants submitting course curriculum for approval:

The following course curriculum materials must be submitted for approval as required by 172 NAC 105-005.01

005.01(2) The course curriculum, including all course materials that will be utilized to meet the content areas as identified in 005.02(4); and

005.01(3) A detailed description of methods used to determine competency of each paid dining assistant, including copies of exams and/or procedures.

B. For applicants utilizing course developed by others which have received department approval:

Name of Approved Course:

Submission of any course materials or competency exams or procedures that vary in any manner from the approved course.

\_\_\_\_\_  
Signature of RN Administering the Course

\_\_\_\_\_  
Date

Department of Health & Human Services  
Regulation and Licensure  
Credentialing Division  
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